



<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		<b>Complete if Known</b>	
		Application Number	10/526,705
		Filing Date	March 4, 2005
		First Named Inventor	Nakagawa et al.
		Art Unit	3742
Examiner Name		Shawntina T. Fuqua	
Total Number of Pages in This Submission*	7	Attorney Docket No.	YH0017-US1

<b>ENCLOSURES (Check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
Remarks: (*Duplicate copies of SB08a and SB08b, and copies of Return Postcard and Cited Art, if any, are not counted in total number of pages in this submission.)		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	Tyco Electronics Corporation		
Signature	<i>Marguerite E. Gerstner</i>		
Printed Name	Marguerite E. Gerstner		
Date	October 7, 2008	Reg. No.	32,695

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Marguerite E. Gerstner</i>		
Typed or printed name	Marguerite E. Gerstner	Date	October 7, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
		Application Number	10/526,705
		Filing Date	March 4, 2005
		First Named Inventor	Nakagawa et al.
		Examiner Name	Shawntina T. Fuqua
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3742
TOTAL AMOUNT OF PAYMENT	(\$) 1110.00	Attorney Docket No.	YH0017-US1

<b>METHOD OF PAYMENT</b> (check all that apply)								
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____								
<input checked="" type="checkbox"/> Deposit Account      Deposit Account Number: <u>18-0560</u> Deposit Account Name: <u>Tyco Electronics Corporation</u>								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>								
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments								
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>			
	<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>			
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>	
Utility	310	155	510	255	210	105	_____	
Design	210	105	100	50	130	65	_____	
Plant	210	105	310	155	160	80	_____	
Reissue	310	155	510	255	620	310	_____	
Provisional	210	105	0	0	0	0	_____	
							<b>Small Entity</b>	
<b>Fee Description</b>							<b>Fee (\$)</b> <b>Fee (\$)</b>	
Each claim over 20 (including Reissues)							50      25	
Each independent claim over 3 (including Reissues)							210      105	
Multiple dependent claims							370      185	
<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>							<b>Multiple Dependent Claims</b>	
_____ - 20 or HP = _____ x _____ = _____							<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20							_____	_____
<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>								
_____ - 3 or HP = _____ x _____ = _____								
HP = highest number of independent claims paid for, if greater than 3								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____ - 100 = _____ / 50 = _____		(round up to a whole number) x _____		_____ = _____				
<b>4. Other Fee(s)</b>							<b>Fees Paid (\$)</b>	
Non-English Specification, \$130 fee (no small entity discount)							N/A	
Other (e.g., late filing surcharge): 3-month extension for Reply to Office Action							1110.00	

<b>SUBMITTED BY</b>		
Signature	<u>Marguerite E. Gerstner</u>	Registration No. (Attorney/Agent) 32,695
Name (Print/Type)	Marguerite E. Gerstner	Telephone 650-361-2483
		Date October 7, 2008

<b>Certificate of Mailing (37 CFR 1.8)</b>	
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Date of deposit: <u>October 7, 2008</u>	Name (printed): <u>Marguerite E. Gerstner</u>
Signature: <u>Marguerite E. Gerstner</u>	